

What is the Cause of AIDS in Zambia?: Letter to Fellow Zambians

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Dear Fellow Citizens,

I am writing this to you my fellow citizens with a deeply troubled conscience because I have kept silent for so long. I have come to the realization that unless we Zambians do something ourselves, no body is going to do anything meaningful about solving the deadly problem of AIDS. Twenty years of research by Western medical experts about the problem has yielded no cure or vaccine.

I want to discuss with you the crucial subject of HIV-AIDS disease. The aim of this discussion is three fold: First, I wish to frankly share with you my own personal experiences and why the HIV as the only cause of AIDS hypothesis does not make sense at all. Second, I wish to share with you some of the known facts, possibilities and research that you will never hear about in the popular mainstream media and why. Third, and last, I will suggest to you what you personally can do to halt the so-called HIV-AIDS disease and create a better and healthy future Zambia for you, your relatives, friends, and all the noble people of the nation of Zambia.

The problem to day is that there is so much information overload that most of you will probably think what I am saying is nonsense or you would rather believe the more “reliable”, “expert” sources, or you will tell yourself, “if he is telling the truth” we would hear it straight from the free media. Nothing could be further from the truth. But I beg you to bear with me and for a change just think seriously assessing these ideas using your own experiences as a Zambian.

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Before I go on, I would like to discuss up front my own credibility. Why am I discussing this with you? Do I have any secret gains or hidden agenda in persuading you to change your mind? Do I get thrills from causing trouble? Am I qualified to discuss the issue of HIV-AIDS and to recommend solutions?

My answers to these questions are that I am very concerned and want to prevent any further unnecessary deaths among Zambians, I have no secret agenda and you can choose not to believe what I say, and I do not get any thrills from discussing some of the things I am going to say because some of them are very painful and humiliating. In spite all the things that I read and I have personally observed over the last twenty years that do not make sense, it would be so much easier to just keep quiet and just enjoy the life that I have. But I deeply care about my fellow citizens and humanity. I find that life is miserable without some of the friends and relatives who would perhaps still be here to day if HIV-AIDS had not been so seriously politicized. But most of them are dead. There is an actual danger that any of my close relatives and friends this minute to day could have flue for a few weeks. If they go to a clinic anywhere in Zambia, they could erroneously be told they have HIV-AIDS and they are going to die.

I am very qualified to discuss the HIV-AIDS issue because I have closely followed many technical trends in the field since the first articles on HIV-AIDS came out in 1982 and 1983. I wrote a 24 page paper in 1999 that you can have if you ask for it. *“The Deadly Fallacy of the HIV-AIDS-Death Hypothesis: Exposing the Epidemic that Is Not.”* I have lost many relatives and friends to the so-called HIV-AIDS disease or “epidemic” over the last twenty years. When I was in Zambia from 1987 to 1989, I made so many trips to *Leopardshill* and *Chingwere* Cemeteries in Lusaka. At that time I began to be skeptical about how HIV-AIDS was killing people because of how some of the people had died.

Soon after I returned to the United States in 1989, I began to read literature that was critical and opposed the notion that HIV was the ONLY cause of AIDS and it was killing Zambians. After careful reflection, the literature began to make sense. The references in my paper will show you what books and articles I have read. In addition I have kept a very close watch on relatives and friends who have died over the years from those who live in the city all the way to the village. I have a cousin in the village who lost her

husband to the so-called HIV-AIDS four years ago. She had four children who are all healthy adults now. I have a niece who lives in Chipata who is thirty-four years old. She lost her first husband in 1986 to AIDS and the second husband in 2000. I visited her last husband when he was admitted at University Teaching Hospital. He looked pitifully thin and haggard. What is very surprising is that my niece looks and is very healthy. She has had several healthy children with both husbands. Of course, I am humble enough to realize that I cannot know everything. Please, do inform me if you think there is something crucial that I am missing.

What has motivated me to write this discussion is the death of a very close friend last September from the so-called HIV-AIDS. But what was the last straw that forced me to write this message was when I finally read the book in the paper back edition: Inventing the AIDS virus by Peter Duesberg published in 1996. I have been convinced for a long time that all the logic and available scientific evidence strongly suggests that HIV may NOT be the ONLY cause of AIDS. Again, I beg you to pay attention to this important statement: Duesberg and other dissidents are NOT denying that AIDS exists but that the cause is likely NOT HIV only. This is very important and is not splitting hairs or arguing against a scientific view that all scientists already agree on. You should pay very close attention to this statement as its importance will be made clear soon. I hope in this discussion, fellow Zambians, that I can convince you to begin to think differently so that we can save Zambian lives; your life, the lives of your relatives, friends, and the nation.

I cannot use examples and names of AIDS illness and deaths of Zambians who were close to me because this HIV-AIDS disease has been surrounded with assumptions, rumors and innuendo of the shame of promiscuous sex. Therefore, it would not be prudent for me to name names as many wives, families, and friends of these people who supposedly died of HIV-AIDS, are still alive sometimes twelve to fifteen years later. But I will use my own personal experiences as an example of why the HIV-AIDS may be misguided and may have caused many unnecessary premature deaths of Zambians. The tragedy is that many of these deaths may continue if you and I do not do anything.

I am almost fifty years old now. Many Zambians my age have been the worst victims of the so-called HIV-AIDS. But I will describe to you what may be the real cause of AIDS in Zambia.

I went to *Tamanda* Primary and *Chizongwe* Secondary Schools in rural *Chipata* from the early 1960s up to 1971 when I graduated in Form V from *Chizongwe* Secondary School. My life dramatically changed when I entered the University of Zambia in Lusaka in 1972. The majority of my friends and peers drank a lot of alcohol very frequently, heavily, and practically every weekend. This was at the peak of the Zambian prosperity. The country had over one hundred million US dollars in foreign reserves (Hall, 1969:275). Education, medicine, housing, transportation were all free or heavily subsidized by the government. The cost of living was very low and food imports were well subsidized. But the thing that stands out in my mind to day is how much drinking we did as young people from the age of eighteen up to thirty or more years old. I knew very few friends who did not drink regularly.

Those people who worked drank practically every night after work. Those of us at UNZA went to parties and bars on Friday nights and the whole of Saturday up to often two to three hours in the morning on Sunday. Many of us spent Sundays nursing nasty hangovers. Most drinking was done with little or no food in the stomach since most of us often had just enough money to buy beer. Zambian bars rarely sold meals. *Osamwina* or small pieces of roasted beef on a grill outside the bar was the only possible food available. I remember now with sadness that after I graduated from UNZA and got a job in 1977, at one time I drunk at least six beers every night in bars for thirty straight days. Illegal drugs and other stimulants were not known in Zambia during this period.

In the late 1960s and during the entire 1970s decade, our country was so prosperous that bars were all over the cities, rural towns, and remote roads. Bars and signs of *Chibuku Uku* were scattered all over along the rural roads. There were numerous bars lined up along Cairo Road, ChaChaCha Road, and Freedom way in Lusaka and all major cities. For example on the Great East Road, there were numerous bars before *Chongwe*. There were bars at *Rufunsa*, *Kacholola*, *Nyimba*, *Petauke*, *Katete*, and *Chipata*. There were many little bars in between. Many of these bars closed and went out of business in the

1980s. Once these bars were closed, illicit and sometimes toxic alcohols were available especially in the cities and towns. *Kachasu* distilled alcohol and *Mbamba* brew were common in Lusaka. Ingredients for the illicit *Mbamba*, which was widely available in shanty compounds, were believed to include fertilizer and rat poison in order to make the beer more potent for customers. Some illicit brews were known as “Wayini” or wine believed to have used lots of sugar as its main ingredient. These claims could never be verified because the brews were illegally made in illegal settlements known as shanty compounds. These brews were for customers who were too poor to afford the traditional *Chibuku* beer or *Mosi* bottle beer.

If you thought excessive alcohol consumption was bad, the excesses of human sexuality went hand in hand with the excessive alcohol consumption. In 1969, I remember reading in the *Zambian papers* the debate about premarital sex and whether it was acceptable for a single young woman to live by herself in a flat or for her to live with her boyfriend before marriage. All this debate flew out of the window by 1974. The sexual revolution that had hit the United States in the 1960s and 70s had arrived in Zambia with a vengeance. Young women rented their own apartments threw traditional restraints and morals out of the window. Young men in cars roamed the cities in bars and night clubs in search of beer and sex. Bars, night clubs, and house parties were filled to capacity with young men and women out for a good time. One-night stands were extremely common for too many men and women who could afford it.

In case this sounds too general, I will cite two specific cases. I knew a young man who was about twenty-five years old in 1974. He was single and had a modest one-bedroom apartment in the Northmead area in Lusaka. He drank frequently. In one of our casual conversations, he intimated to me that in that one year he had sex with (85) eighty-five different women. Of course I was skeptical coming from a rural conservative background. But I was inclined to believe him because that one weekend, he had slept with three different women. I even talked to one of the women afterwards. She explained to me that she slept with him because he had an apartment and money. While as I would be less successful with her and her friends sexually since I was a mere student who neither had money, an apartment, or let alone a car. I visited that friend that one year during numerous weekends. Each time I visited him, he had different women. Of course

as a virile young man who did not have any money and could not afford anything, I foolishly admired this so-called fast life or “*laifi*” of women, beer, and big hi-fi stereo system.

I knew another single young man who was twenty-seven years old who was an accountant at a bank in Lusaka. He also had a two bedroom posh apartment with the latest hi-fi stereo. One time, he casually complained to me that in one month, he had slept with five different young women who worked in a large company in Luasaka. He claimed that Venereal Diseases (VD) or Sexually Transmitted Diseases (STDs) were so rampant among those women that he had to go to the hospital for antibiotics three different times during that period of two months.

I considered myself slow, shy, and sexually conservative compared to other young Zambians at the time. But even my lifestyle caught up with me as a single young man with a job and an apartment. I had a worthless one night stand with a woman from a bar from the Great North Road in Lusaka. She left the following morning and I never saw her again. That same day, I came down with one of the serious venereal diseases that were common in Lusaka at the time known as bola-bola. I immediately went to the University Teaching Hospital. I was prescribed tetracycline antibiotics for three months. But what struck me at the time will become relevant to HIV-AIDS.

There was a long line to see the doctor. But the line at the hospital pharmacy or dispensary could have been easily almost a mile long as it snaked and meandered through the corridors of the Lusaka’s University Teaching Hospital (UTH) grounds. Zambia was prosperous at the time and almost every one of the hundreds of patients was walking away with several packets of antibiotics. No doubt others had chroloquin tablets for malaria and other were filling various assortments of drug prescriptions.

A friend I had known since my boarding primary school in the 1960s worked in an office in Lusaka in the early 1970s. He was married but drank practically every night and some times spent nights out drinking on weekends especially when he was paid at month ends. He told me he popped antibiotic pills frequently before drinking to prevent him from catching any Sexually Transmitted Diseases (STDs) or Venereal Diseases (VD) from the bar women with whom he had sexual intercourse. One time he actually showed me two

bright red pills that he downed with beer at the beginning of our drinking session. When I last saw my friend in the early 1980s, he was divorced, had custody of his teenage daughter and had quit drinking. He looked healthy. I have no ideas whether he is even still alive to day. When you multiply these possible high levels of alcohol consumption and sexual activity by a large factor of the Zambian population, you easily get the potential for a massive public health problem that may have produced a unique illness or epidemic after fifteen to twenty years.

In 1977, I left Zambia and went abroad to the United States to do my Masters degree. My drinking did not slow down much. I met my wife, returned to Zambia and got married in 1980. This was a significant event in my life as it meant I had only one sexual partner during what might have been the height of the so-called HIV-AIDS sexual transmission. You have to remember that by this time, most young men in my age had been drinking rather heavily and having many sexual partners for at least ten years.

The economic situation began to deteriorate in Zambia in the early 1980s. I was abroad again doing my Ph. D most of the 1980s. In retrospect, I believe being married, having children, and especially being abroad may have saved my life. By 1983, the HIV-AIDS epidemic was unveiled and exploded. I believed it so completely that I was worried. I sent the very first AIDS magazine article to Zambia to warn friends and relatives about this new deadly sexually transmitted disease that had no cure. I remembered that in 1980 in Lusaka, I had a long-decayed molar tooth removed at a dentist who had used no gloves and used reusable metal syringes that were only sterilized in boiling water and methylated spirits or pure alcohol.

I returned to Zambia in 1987 and by 1988, many friends and relatives, too many to count, began to die of supposedly HIV-AIDS. Some complained of a headache on a Saturday and were suddenly dead by Monday. Others were bed ridden with malaria for months before they died. Newspapers and obituaries simply stated that the person died after a long or short illness. Funeral wakes and burial trips to the two cemeteries in Lusaka were frequent. Rumors, panic, fear, assumptions, and innuendo about AIDS were commonplace.

Virtually anybody who died after six months, three months, or one week of illness was assumed to have died of HIV-AIDS disease. The disgracing and shameful assumption was that the person or their spouse was sexually promiscuous. Some of the deaths of friends and relatives stand out.

This friend was at his prime. He was married and had four children. He drank and everybody knew that he was a womanizer. He looked healthy and was not the sickly type. He fell ill on Monday. We, his close friends and fellow employees, visited him on Wednesday morning at his house. He was sitting up in his living room and in a surprisingly lively way described his symptoms as fever. He had opted to go to a traditional healer in one of the nearby compounds. He explained that he was given an herb that made him purge to cleanse his stomach. He said he thought he was going to be alright. By Friday that week though, he was so sick that he was admitted at the University Teaching Hospital (UTH). I visited him in the hospital ward on Saturday afternoon.

The hospital ward was relatively quiet, bright, and immaculately clean. This man who had looked relatively healthy only Wednesday that week was fighting for his life. His throat was almost swollen shut. He was making loud, hissing, desperate breathing noises. Something was swollen on his neck the size of a golf ball. Later I was to find out from his official death certificate that this was a swollen lymph node. I stood there by his hospital bed, stunned at the sudden turn of events. After a while, he opened his eyes and saw me. He tried to mouth something but nothing came out. I gestured that he shouldn't say anything. He continued to breath struggling at every breath making a loud crooking sound. After a while, I took two steps back to leave. He desperately reached his hand out to me. I held it instinctively.

"D-o-n'tgo....." he hoarsely hissed after breathing in very deeply making a big effort. I felt guilty for wanting to leave. He looked scared of being left alone. I stood there until his wife came back from an errand. She and I exchanged some brief words and I left.

The following day on Sunday at noon, as my family and I were eating lunch, word came that my friend had died the previous night. *If there was anything for me that was later to*

epitomize the painful tragedy that might be the botched HIV-AIDS “diagnosis” or erroneous belief, it was this death.

Later, a clinic attendant who knew the deceased friend said the friend may have had a normal bacteria infection. But he may have panicked fearing he had HIV-AIDS and delayed getting immediate and standard antibiotic treatment. He may have sought herbal treatment from a traditional healer (there is nothing wrong with this) out of desperation fearing and believing he had HIV-AIDS which had no cure in the modern hospital.

Some potential so-called HIV-AIDS victims in Zambia may have had either perhaps divine intervention or may have been lucky. This author’s story is probably a prime example. When I returned to Zambia in 1987, I was quite happy and excited to finally return home to take up my position as Research Fellow and Lecturer at the Institute of African Studies of the University of Zambia. I felt very healthy and I was thirty-three years old. By this time, I had been drinking beer for fifteen years although now very moderately. The first change in my health happened in September 1988. I had gone to a research field trip in a very rural and remote province of Zambia. I drunk the water there and mosquitoes were rampant although I had a mosquito net over my motel bed. Could I have had malaria? I suspect I may have contracted a stomach parasite because when I returned to Lusaka, my stomach was very quizzical. I felt nauseous every morning. I felt even more nauseous when I drunk just one beer. I never vomited. I abstained from alcohol for the next three months.

At the end of January 1989, I decided to try to drink a beer again. I felt nauseous. At this point in Zambia, the economy had deteriorated such that my pay as a professor was worth less than fifty US dollars per month, inflation and unemployment were really high. Shortages of essential commodities that had been plentiful in earlier prosperous years were wide spread. The commodities that were scarce were sugar, cooking oil, corn meal, bread, butter or margarine. The medical facilities were in shambles, my son who was in second grade could not read well enough because we could not afford to get him to a decent school in Lusaka on my salary, my job was getting nowhere. Worst of all, burglars were terrorizing our neighborhood at night, presumably from the shanty compound just a stone throw from the University residences.

One night, at about four am, my wife and I heard commotion outside our house that woke both of us. We rushed to our upstairs bedroom window. In the night haze and our dull neighborhood streetlight, we heard our neighbor yell some vicious epithets as the shadows of two men were fleeing from his house. Our neighbor desperately fired his harmless bb gun or bird pellet pistol to scare them. The suspected burglars stopped briefly and then left as our neighbor retreated into his house securing the front gate again and making sure everything was all right. The burglars had broken the thin chain that secured his house gate. The following morning, we visited our neighbor. The thieves had smashed the bottom corner of the living room window glass. They were after his stereo and TV. For the next three nights, my wife and I did not sleep at all because we were so scared we would be the next victims of the night robbers. On the fourth day, we both had symptoms of fever and body aches. We assumed we had malaria. We went to the clinic and were tested. The malaria tests came back negative. The extreme stress with sleepless nights and worry may have induced the symptoms of the illness without having any germs in our body. Discussing why psychological factors may cause disease or immune problems, Maggiore says: "Chronic anxiety, panic, stress and depression have been shown to compromise health, damage immune function, and result in symptoms identical to AIDS." (2000:53). My wife and I immediately got two dogs for security and we slept well at night. After two days, our symptoms of illness disappeared.

In the neighborhood we lived in, there was no water all day. The water flowed through the faucets only late at night most days. This meant waking up every night to fill up buckets with fresh water. There was an accident at the Kafue Gorge hydroelectric station. So we did not have much electricity during the night. We cooked on a charcoal brazier and used kerosene lamps and candles for light many evenings. All of this is to demonstrate to you that I was under tremendous emotional stress and pressure. How many Zambians continue to experience and endure some of these same pressures to day as you read this?

One morning in February 1989, I went to Long Acres ZCBC state shop because I had heard rumors that they had sugar. As usual, there was a line of people that snaked and meandered through the store to the outside back alley of the building. I knew that many people had made an occupation of standing in lines all day, buying large quantities of the

scarce commodities, and later selling them in smaller quantities on the black market for more than three times the shop prices. I marched right to the front to the manager and asked politely that I buy one packet of sugar. The young man was polite and told me to go to the back of the line outside. I told him I had to rush back to work and could not afford to stand in line all day. He replied that there was nothing he could do. I had had it and lost my temper. I became very angry.

I yelled at the young man. I told the manager loudly that I had a job to go to unlike the people in line who were unemployed and could afford to sit there all day. These were black marketers. The young man calmly advised me to talk to the President of the country, the Prime Minister or top political leadership. I ranted, raved, and yelled and returned to my office still fuming but still without the sugar. This behavior was very unusual conduct for me.

That afternoon at four pm, as I was sitting and working in my office, a chill went through my body and a serious bout of malaria fever started. I wasn't surprised because there were hordes of mosquitoes in our offices throughout the year. They constantly bit my legs under the dark table in my office everyday.

I sweated and shivered under heavy blankets all night. In the morning, I went to the clinic. I was given the normal chloroquin dose for malaria. Five days later, I felt alright. But then something strange happened. A few weeks later, I began to experience hot sweats and mild chills during the evening and sometimes at night when I was asleep.

It wasn't anything serious and with all the daily pressures and the hectic days, I ignored these events. My wife and I were expecting our third son and I did not want to worry her. I did not tell her how I felt. It didn't feel like anything major and I thought it would go away. But in the back of my mind, I began to have those nagging questions and fears: "Did I have HIV-AIDS? Surely, it was about ten years since I had my rotten molar tooth removed in 1980. It was certainly ten years since my modest single life sexual escapades in the late 1970s."

The next three months were the worst in my life. I had two ear infections and a tooth infection. A dentist in Lusaka noticed my impacted wisdom teeth and offered to have them removed. This procedure is routine in the Western dentistry. I did not want any

open would surgery at this point. I was afraid of and nervous about contracting another infection. I refused. I was on numerous tetracycline antibiotic treatments for various ten day periods for the infections. My daily evening sweats and chills at night did not stop. They actually got worse. Duesberg says about tetracycline: “A less specific antibiotic than penicillin, tetracycline interferes with the body’s normal metabolism.Used over the long term, it can also cause immune suppression.Many people using antibiotics for long periods find yeast or other fungal infections moving in to replace the dead bacteria.” (Duesberg, 1996: 283)

Perhaps one of the stupidest things I did during that period was to succumb to drinking beer at the club even when I was on antibiotics. Part of me was probably in despair believing that since I was having such a bleak life and I had HIV-AIDS anyway, I didn’t see much hope of being alive no longer than one year. Fortunately, these feelings of despair did not translate into reckless or suicidal sexual behavior. I am a deep believer in the *Zambian* or *Tumbuka* tribe traditional beliefs that if a husband commits adultery when his wife is expecting, she is likely to have either a miscarriage, or experience difficulties during childbirth or even die. The reader who is deeply entrenched in Western rationality might be skeptical and wonder why an African with a Ph. D. might believe what Westerners would call this “superstitious nonsense”? But this is the truth. The reader might rightly reason that if the author was drinking, how could he avoid reckless sex let alone sex outside marriage? But may be its these same contradictions that I credit to day as perhaps having had a restraining force on my behavior that may have saved my life. These traditional rural, tribal and village values and my early childhood exposure to Christian values at *Tamanda* Dutch Reformed Mission primary school, all may have contributed to saving my life.

One night in early July in 1989, I finished all the night chores of filling up buckets of water, locking the car with special contraptions, and locking and securing all the doors in the house. I had less than six hours of sleep every night. Before I went to bed late at night experiencing worse body chills and sweats, I looked at my healthy sleeping baby son, my other two healthy sleeping children, and my exhausted wife and mother of my children. I went into the bathroom and broke down and cried. I did not want to die and leave my three children without a father and my wife as a young widow. At that instant I resolved I

would go to the doctor the following day to find out or confirm if I had HIV-AIDS or any other disease that was making me weaker by the day. I was prepared to confront and come face to face with the HIV-AIDS death sentence.

I went to a private clinic and confessed everything about how I felt; feeling very weak by the day, night sweats and chills, several infections, had malaria fever three months earlier, drank beer even when I was on antibiotic treatment for the infections. I told the doctor I didn't know what was wrong. I told the doctor I was afraid I suspected I may have HIV-AIDS.

The doctor was very compassionate, understanding, and experienced. She listened carefully, asked some questions and immediately ordered a malaria parasite blood test. After about ten minutes, she burst out of her lab and dashed past me. I knew there was some type of emergency or something alarming.

“Oh!! My God!!!!!!” She yelled.

“What? What?” I asked hastily.

“Your T-Cell count is so low I don't know how you can even stand or even walk. You are severely anemic.” She replied looking at me with shock and disbelief.

She reached for three plastic bags of different colored pills. She told me my iron was very low probably because of the chronic malaria that I had for nearly six months. She suspected I had the chloroquine resistant strain of malaria. Although in retrospect I also suspected that I may have been given an expired dose of chloroquine or an insufficient dose of the medication three months earlier at a public clinic. She instructed me to take two pills of vitamin B complex three times per day, two pills of folic acid, and one pill of iron. She gave me fancidor for the malaria fever. She instructed me to take that high dose of fancidor for the next ten days and to come back for another malaria parasite test to make sure the parasite was completely wiped out of my body. I never knew how dangerously low my blood T-cell count had plummeted but to day, discussing the role of T-cell count in testing for HIV, a medical HIV-AIDS expert says: “The blood system normally contains about 1,000 T4 helper cells per cubic millimeter. The number of T4 cells may remain at about 1,000 for several years following infection, and many people

show no symptoms while they remain at this level. Then the numbers of T4 cells decline, although many people still show no symptoms for several more years. People become most vulnerable to opportunistic diseases when HIV/AIDS progresses to the point that the level of T4 cells falls below 200 per cubic millimeter.” (Nevid, 1993:26) According to the new clinic diagnosis of HIV-AIDS, there are 29 diseases that are said to be caused by HIV (Maggiore, 2000:51, Duesberg, 1996:209-212). But the most important possibility is that any illness or disease that can destroy your T4 cells to make it drop to below 200 could then erroneously be said to be caused by HIV.

I felt a tremendous relief afterwards. *This was the closest shave with the momentum toward my death if ever there was such a thing.* If I had been completely afraid of HIV-AIDS and had no money to see a private doctor there was a greater likelihood that I could have been dead later that year of some perhaps minor infection. I could have been another HIV-AIDS death statistic. I stopped drinking. But my troubles were not yet over.

Since our lives were not going very well, my wife and I decided to immigrate to the United States. When we broke the news to our nanny, Mrs. *Chishimba*, that fateful day during lunch, she broke down and cried. We were all so sad. She lamented our decision and wondered loudly how she was going to get two kind bosses like my wife and I again. She was a single mother supporting a child. She commuted from her one room shack on foot to our house early every morning from *Kalikiliki* shanty compound on the outskirts of the Capital City of Lusaka. We loved and respected her, as she was very honest, good with the baby and the children. We had had four disappointing nanny experiences before Mrs. *Chishimba*. We were going to miss her and our friendship for the rest of our lives.

To immigrate to the United States, I needed more than a dozen different hard to get documents. One of them was a blood test that tested for HIV. I had good reason to be very worried. This was in 1989 when HIV tests were new. This in itself was very important. After the technician drew blood at the medical lab, I was told the test results would be available in two weeks. For two long weeks, I had to endure unimaginable stress, worry, anxiety, and fear day and night that the test would come out positive. If the test came out positive, it meant that my family was going to be split up. I had decided in advance that I was going to tell my wife to go to the United States with the children and

perhaps stay with her mother. I was going to stay in Zambia to die. On the fourteenth day, I called the doctor and he said the HIV test came back negative. As the pressures of the deterioration of the Zambian economy escalated and grew worse by the day, my family and I flew of Zambia a week before Christmas in December 1989. That was one of the saddest days of my life because I left my country and my home that I had known for thirty-five years. I deeply loved my country and had never intended to leave again. But now I was leaving not knowing if I would ever come back again alive. During this time w many friends were dying abroad and their corpses were being flown home to Zambia for burial from Zimbabwe, South Africa, the United Kingdom, Europe and the United States.

What should you as a Zambian learn from my one experience? I have deliberately exposed some of the private, humiliating, shameful and painful aspects of my personal life. Have you experienced anything like some of these things? Do you know of any relatives and friends who might be experiencing them to day? I am hoping that many of us will begin to examine our own life histories and those of other Zambians so that we can truly find out what is really killing us.

I want to mention to you several major issues that you should seriously think about the so-called HIV being the only cause of the AIDS disease.

1). The worldwide propaganda machine keeps telling you and I that HIV is the only cause of AIDS. The growing numbers of many dissident researchers, who are prevented from speaking out publicly, like Duesberg and many others, have explored all the available technical data and research. The evidence strongly suggests that HIV might NOT be the only cause of AIDS. Without arguing about anyone else or citing the many other cases all over the world, I would like to suggest to you that my case in 1989 was probably a case where I had the so-called AIDS symptoms without HIV. These cases are being suppressed by the dominant HIV-AIDS researchers or orthodoxy. When they are confronted by these cases, they explain them away calling them, officially classifying them separately as “*idiopathic CD4 lymphocytopenia*” (ICL) by the CDC (Duesberg, 1996:189). Why, you may ask, would this true information be suppressed by these hard working researchers and doctors who may have our best interests in mind?

2). Because HIV-AIDS has become an enormous industry worth billions of dollars supported with fierce politics of intimidation, censorship of books and journal articles that may have dissenting views, refusal of funding for any research that explores anything besides that HIV is the ONLY cause of AIDS, exclusion of dissenting views from main stream newspapers and television. Many people are making millions of dollars from viral drugs sold by pharmaceuticals, HIV testing kits, biotechnology testing kits, patents, lucrative research grants by huge Universities, the fame of the so-called HIV discoverers, the United Nations, the World Health Organization, international and national NGO workers. Any suggestion that HIV is NOT the only cause of AIDS would cause all these million of dollars to disappear from many people's pockets not just in the West but worldwide. Next week, July 8 –12, for example, another huge International AIDS conference will be held in Spain. Too many people have gained power and are making too much money out of HIV-AIDS. The United States so far has spent thirty-five to fifty billion dollars on HIV-AIDS over the last twenty years.(Duesberg, 1996; Maggiore, 2000: p. 61)

3) Duesberg (1996) suggests that HIV may be a harmless passenger virus. What is really causing AIDS? Duesberg (1996) suggests that American and European AIDS may be caused by abuse of recreational and intravenous drugs and homosexual sex. What I am proposing in a genuine and true scientific fashion is for us to answer perhaps the most important question which the HIV-AIDS orthodoxy deliberately refuses to answer: "Are there equivalent AIDS risk factors, like those prevalent in the American and European AIDS, that may exist among Zambians? My desire to help relatives and friends in Zambia has exposed me to what may amount to very significant anecdotal information that may be only the tip of the iceberg. This is where I need you to corroborate or reject some of this information according to your own experiences and not conjecture or rumor. In 1995, I heard that a close friend from my secondary school days was very sick. Everyone was suspecting it was HIV-AIDS. From my own investigations and readings, I knew that vitamin supplements do help AIDS victims. So I took plenty of them when I went to Zambia in July 1996.

I had not seen my friend Michael Banda (not his real name) since 1985 when he was still a happy-go-lucky healthy beer drinking single young man. I finally visited him at his two

bedroom flat or apartment in near *Mandevu* Compound in Lusaka just adjacent to Independence Stadium. When I entered his apartment, what I saw shocked me, was heart wrenching, and made me very sad. Mike was thin, haggard, and had dark wrinkled loose skin. His eyes and head looked too big for his body. His clothes looked baggy on him. His hair was thin and scattered like that of an old man. He had lesions all over his legs and they were swollen perhaps kaposi sarcoma. He couldn't go to work that week and he described his latest illness for which he was taking medications. His bouncy healthy looking nine-year-old daughter walked in from school carrying her book bag. His wife also looked very healthy. I talked to Mike for a few minutes. I had intended to take a picture posing with him. But I did not want to have that haunting image of him looking that sick in a photograph. I gave him the plastic bag of Vitamin supplements.

Later that year back in the United States, I began to read different books and literature. I discovered an herb that may help AIDS sufferers. I immediately sent the herbs to Mike and more vitamins and instructions about how he could improve his health. A month later, Mike called me saying jovially that his health had improved so much he wanted to find fifty more US dollars to send to me so that I could send him more of the "stuff" as he called it. It's then that I wished I were a millionaire. Because I could probably have helped Mike and many other Zambians. I did not hear from Mike for a while. In early 1997, I called his apartment in the evening knowing that probably that was the best time to catch him after work. His wife answered the phone.

She said Mike had not yet come back from work. She said Mike had been very well for a while after taking the vitamins and the herbs. But then the wife said in Nyanja: "*Banali mushe but mukambe nawo banzanu bayamba futi kumwa moba, yaba.*" She was saying that your friend Mike was alright until he began drinking beer again. Apparently Mike had heeded my recommendations for a while that he take the herbs, vitamins, and refrain from alcohol. But once he resumed drinking, his health deteriorated again. Mike and I talked on the phone a couple of times over the years. On October 13th 1999, I called his apartment and his wife answered the phone. I asked to talk to Mike. His wife replied that her husband had sadly passed away two months before. I was devastated. Another Secondary School friend was dead from AIDS.

His case has some important dimensions to it. He was single for approximately sixteen years since graduating from Secondary School, did not have any known girl friends, and never had a chain of pregnant women out of wedlock prior to marrying his wife. I am not condoning the bad behavior but this is normally what happens to a young, normal heterosexual male who remains single for too long in our culture. Many of our friends believed he was gay or homosexual. This subject is never addressed openly in our society. If homosexual sex is a risk factor for AIDS, let's discuss it openly and let's not dismiss it as not part of our African culture. Even if homosexuality was not part of our traditional Zambian and African culture, if contact with the Western world had converted some of our citizens to practice homosexuality, let's discuss it now. Otherwise, many of our citizens will continue to die needlessly.

What is the cause of AIDS in Zambia?

4) I propose that it is our life style and our circumstances, which include the following:

- a. Long term excessive or chronic alcohol consumption probably from ten to fifteen up to beyond twenty years
- b. Exotic, excessive, and promiscuous sex with too many different partners; without or with a condom burdening the body's immune system with too many viruses, bacteria, parasites through Venereal Diseases or Sexually Transmitted pathogens.
- c. Exposure to tropical air, blood, and water borne parasites that cause such diseases as malaria, tuberculosis, hepatitis, cholera, yellow fever, childhood diarrhea, African trypanosomiasis or sleeping sickness, bilharzias or sytosomiasis, river blindness. These are all on top of the ordinary viruses and bacteria.
- d. Malnutrition due to the high cost of food combined with deteriorating economy perhaps causing the classic malnutrition diseases of *kwashiorkor* and *marasmus* even in adults. Excessive alcohol consumption probably causes malnutrition and life's possible severe economic (unemployment) and social frustrations and hardships can increase alcohol abuse. The *nshima* Zambian staple meal, which is preferred cooked with refined white cornmeal, may have insufficient or no fortified vitamins added to it further making Zambian bodies vulnerable.

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- e. Excessive use or abuse of legal drugs over a long period of time; these drugs may include antibiotics, chloroquine, toxic antiviral drugs commonly known as boosters, and others. The panic, anxiety, and fear over HIV-AIDS may fuel people's obsession with taking unproven toxic capsules and pills to pre-empt HIV-AIDS even when the taking of these pills and so-called boosters may be unwarranted. These medicines may be killing people.
 - f. Abuse of illegal recreation drugs including cannabis, cocaine, mandrax and other stimulants.
 - g. Plummeting or poor standards of basic hygiene especially in over crowded urban areas. For example, common sights in the streets and roads of the Capital City of Lusaka and towns of Zambia is the sale of fresh or cooked food in the open often with flies, dust, and other airborne contaminants landing on the food. These foods include sweet potatoes, fresh maize, bread, fresh fruit and vegetables, buns, meat, fresh-shelled peanuts, *munkoyo* traditional brews. Frequent incidents of cholera are reported in cities during the rainy season because of municipal workers neglecting or putting inadequate chlorine in the city drinking water. Hundreds and thousands sometimes have died. It is very difficult in Zambian cities and most public buildings to find publicly accessible clean flush toilets with toilet paper.
 - h. Hyper consumerism may result into people spending excessive amounts of limited money on commercial soft drinks, videos, expensive but unhealthy fast food snacks, cars, use of dangerous cosmetic creams and lotions, the internet, fancy clothes, expensive high status refined foods. But the majority of Zambians' incomes cannot support this consumerism while at the same time adequately taking care of the basic health and needs of the men, women, and children. High levels of crime could be the predictable result of hyper consumerism.
 - i. High levels of stress, anxiety, depression due to economic and social pressures of bleak social conditions, unemployment, high inflation, crime, too many children being orphans, and lack of hope.

The long term assault on the human body with all kinds of powerful chemicals, medications, viruses, bacteria, parasites and other pathogens, legal and illegal

substances and stimulants, engaging in exotic physically risky and damaging heterosexual and perhaps homosexual sex, are all probably unprecedented in human history. Some one could rightly argue that some of the above may be mere speculation and create an exaggerated picture of a Zambian society that is full of doom and gloom. Bu that's why we, as Zambians, need to conduct our own simple research which would not require expensive difficult to get biotechnology hi-tech equipment. The HIV-AIDS supporters already have painted the picture that many of us will die because we are HIV positive. The only way to remove this imposed doom and gloom is to conduct our own research. For example, we could select twenty AIDS patients and isolate them for three months. Treat all their parasites with available ordinary medicines, expose them to good hygiene, feed them a good balanced diet of simple foods such as *kapenta*, beans, fresh vegetables, keep them alcohol and sex free. Then compare them to another sample of AIDS patients who are not exposed to any of these conditions. Monitor the two groups over the three months. Measure the two group's blood counts, weight, blood pressure, test them for parasites. Then compare the health status or results of the two groups. But we would never perform any of these simple experiments that would not even require foreign Aid or too much money because we are expecting that magic bullet or magic answers to come from the Western technology. So long as we sit around being made to believe that the HIV virus is the ONLY cause of AIDS, we will continue to die. So I beg you fellow citizens, especially you, who are leaders and are educated. Lets get our heads out of the sand before its too late. Even if you choose not to believe what Duesberg and other growing numbers of dissenters say, at least read these materials yourself so that you will know what is going on. At least ask me for the short paper I wrote in 1999 that explains the basics of the argument in relatively simple terms free of jargon. You don't have to agree with the disagreements. I would be glad if you just became aware of what is happening. Just use your common sense in evaluating the arguments to make your own judgment.

5) Also in 1989 when I was sick, there is a chance I could have been pressured to take the AZT viral drug which is deadly had it been cheap and available at the time. This would have hastened my decline in health, worsening of symptoms, and death. If

patients die or worsen, the viral drug and HIV-AIDS orthodoxy supporters simply say the drug worked but unfortunately AIDS over powered the patient. After discussing the supposed benefit of AZT, even this HIV-AIDS expert says: “AZT may, however, produce serious side-effects, such as suppression of bone marrow function, which leads to anemia and lowers the white blood count, further reducing the body’s ability to combat infections. Other side effects that are connected with administration of zidovudine (AZT) to HIV-infected people who have not developed AIDS include nausea, vomiting, diarrhea, skin rash, and lowering of the number of leukocytes in the bloodstream.” (Necid, 1993: 52) These toxic and deadly drugs are now being given to children and babies in what is termed as to prevent AIDS in “Pediatric HIV” transmitted from mother to baby at birth. This again may be gravely wrong especially if HIV is a harmless passenger virus. I bet if the entire American and Zambian population were tested for HIV, many healthy people would probably be HIV positive. This would be hardly surprising. We all have viruses and microbes in our bodies. Not all of them cause disease. Some are just harmless and the body’s immune system takes care of them without us not even being aware of them. Worst of all, the HIV tests themselves are unreliable.

If you express doubt or oppose the mainstream HIV-AIDS hypothesis or orthodoxy, what tactics are used to silence the critics? I have been a victim of some of this manipulation on a minor scale.

- a) One of the explanations is that many people are suffering and dying of AIDS. Why do you oppose good work done by hard working humanitarian doctors, nurses, NGOs, and the public? As a human being this can make you feel guilty. A person dying does not necessarily mean HIV-AIDS is the only explanation. If we are looking in the wrong place or have the wrong cause for a disease, even many more people will die unnecessarily however good our intentions. The analogy I used in my paper is the following: A man loses his keys in the bush along the edge of a dark street at night. But he walks fifty yards along the street and begins to look for the lost keys under a bright streetlight. A close observer of the behavior asks the man why he is looking for the keys under the streetlight when he lost them in the bush in a dark part of the street. The man’s reply is: “But this

- is where the light is.” This man will never find his lost keys. The same is happening with the HIV-AIDS epidemic. When AIDS came out, the Western top scientists began to hunt for the one virus they could say causes AIDS. Since then they have resisted looking seriously at any other causes. They are using sophisticated high tech biotechnology equipment. But evidence continues to suggest that AIDS may not be caused by the HIV virus and it may not even be a contagious disease.
- b) Secondly, there is the argument by supporters of the HIV-AIDS orthodoxy that if you criticize even just some aspects of this claim, people will stop using condoms and millions will be infected and they will contract HIV and will die of AIDS. This again is a ruse that underestimates people’s judgments and also overestimates the safety of the condom. This argument overlooks the possibility that HIV is not the ONLY cause of AIDS, people may be gaining false comfort and a feeling of safety just because they have used a condom during sexual intercourse.
- c) The last charge is that people who dare question the HIV-AIDS orthodoxy or dissenters are people holding fringe views. Science has never been about having a herd mentality where if a few people assert that something is so, then the rest better just follow blindly even though there are serious anomalies about the hypothesis. This is probably one of the weakest arguments coming from people who may claim that they are true scientists.

Lastly, I am very aware that what I have disclosed about my personal life is like a double-edged sword. The information might be used to personally hurt my family and me. I don’t really care if people hurt me personally because of what I say, but I hope my family will be kept out of it. But if this information can open the solution, even in a small way, to save Zambian lives to day and in the future, I will be happy.

The double-edged sword is that we Zambians can find the possible causes to the so-called HIV-AIDS epidemic and can finally use this personal information. Our family members, friends, relatives and citizens have died and continue to die. If personal life

styles and choices are what cause AIDS, this information would yield better results than drinking hundreds of toxic anti-viral drugs or just using condoms.

The other more painful side of the sword is that there are plenty of racists in the West and elsewhere who would selectively use this information as ammunition to hurt Zambians and Africans. They would abuse this as ammunition to confirm their despicable racist beliefs that Africans have exotic animal-like sexual appetites and practices. At the beginning of the HIV-AIDS epidemic, such bad racist innuendo and speculations were common; that HIV had come from Africa from Africans eating monkey meat in the jungle and transmitted somehow to the United States and then to Europe. But this is what I have thought long and hard about over the last ten years. I have come to the firm conclusion that the possible humiliation by others is the risk we should take. Otherwise, the real possible cause of AIDS will be very difficult to find if certain topics are taboo and not discussed openly and frankly among ourselves. Western medical researchers will never find the true cause of AIDS in Zambia because they are restricted in what they can research into by the virus-hunting paradigm and the wonders of sophisticated biotechnology.

RECOMMENDATIONS

1. Get your hands on books and information that is hidden or prevented from public circulation. Much of this information might be dazzling, complex, complicated and boring for the average reader here in the United States and in Zambia. This is what the HIV-AIDS orthodoxy is counting on; for you to be bamboozled. I have included a reading list. I highly recommend the short book: What if everything you thought you knew about AIDS was wrong? By Christine Maggiore, 2000; only 125 pages long. The following book best represents the mainstream or HIV-AIDS orthodox view: 201 Things You Should Know About AIDS and Other Sexually Transmitted Diseases by Jeffrey Nevid, 1993. Many of the other books are too long or too complicated for the lay person anywhere in the world; not just Zambians or Africans. For example the book by Duesberg is almost five hundred pages long, Root-Bernstein is three hundred and seventy pages, Hodgkinson is

- almost four hundred pages long, Shenton about two hundred and forty-six pages long.
2. If you or another Zambian is sickly and HIV-AIDS is suspected, stop thinking this is a death sentence. Try simple basic things to reclaim your health; take vitamins, avoid sex and homosexual sex for a while, stop drinking beer for six months, eat good nutritious foods; the foods don't have to be expensive imported canned foods. Avoid drugs, improve your hygiene, treat whatever infection or disease you have with normal medical help, eliminate sources of stress, find new exciting hobbies, exercise regularly and boost your spiritual self by praying and going to church. If you do all or just some these, there is a good chance your health will improve.
 3. If you are healthy and an HIV test comes out positive out of the blue, chances are that it is meaningless. There are thousands of cases like that now (over four thousand recorded in the United States) that unfortunately are hidden from the public or the media is prevented from exposing them. Whatever happens, DO NOT be pressured into taking anti-viral drugs like AZT by any doctor. Once otherwise healthy people have been put on AZT, they have deteriorated really fast; experiencing such symptoms as projectile vomiting, muscle wasting, diarrhea, hair falling out, bonny protruding eyes from the eye sockets. But these are said to be the very symptoms of AIDS. These drugs are deadly and were abandoned cancer drugs from the 1960s and 1970s.
 4. Is it possible that we Zambians can initiate our own research project? The project need not be expensive, huge, or oppose anyone else's agenda. May be I am naïve, but have we done very basic research like: How do Zambians understand HIV-AIDS, how many Zambians are actually dying of AIDS and how many might not be? Investigate the effectiveness of some of the cheap and local indigenous ways of fighting AIDS; good nutrition, use of dietary supplements, discouraging excessive alcohol consumption, use of condoms, encouraging new hobbies among rural and urban citizens. I have done research and I am going to do sabbatical research, which I am personally sponsoring, because I could not get a grant for

- my research. Research can be done cheaply but very efficiently. I know there is plenty of money in other aspects or mainstream of HIV-AIDS. But what I am proposing would be something that we would do including proper documentation of the history and tragedy of AIDS and the survivors. Can we combine and investigate the social science aspects of this and the medical aspects of AIDS without ruffling anyone's feathers?
5. Lets encourage all Zambians who suspect they have AIDS to keep a diary where they can record what they have gone through for the benefit of future citizens of our country. I believe this is the only way we will find what is really killing us or what are the common factors all AIDS victims share in Zambia.
 6. Perhaps one of the most important but challenging aspects of our country is the creation of hope and dreams for the future. All humans need attachment to family and looking forward to a better to-morrow. This requires an imaginative political leadership. Simply encouraging an open economy and for citizens to simply make money and consume goods is not enough. Every country deserves a leadership that will create hope and dreams for its citizens. Only then will people have the overwhelming human desire to live to be healthy, and hope to go to school, get a job, career, buy a house, play sports, travel, marry, have children or see grand children. Only when we, as humans have hope and exciting dreams for the future, and have strong families, do we have the desire to live long. The political leadership needs to have the will to eliminate "HIV-AIDS" and create national dreams for a bright future. I will never understand why our country's leadership (that means you and I) doesn't have the will, to gather twenty top crack Zambian social and medical scientists who know the country very well who would volunteer to explore and solve this HIV-AIDS epidemic once and for all.
 7. I have never and will never advocate that the great humanitarian work that is being done by many brave Zambian doctors, nurses, and non-Zambians should be halted or abandoned. It is clear that many Zambians are dying and the sick need help, that there are many orphans that need to be supported, hospital equipment that need to be distributed, condoms should be used by everyone whether HIV is

there or not. After all there are numerous Venereal Diseases or Sexually Transmitted Diseases. Monogamous sex within the confines of marriage should be encouraged and sexual promiscuity should be discouraged. The spiritual dimension to our lives should be encouraged. But what every Zambian should vehemently object to is the spreading of unnecessary fear and alarm which can create even more panic and death. For example, a few years ago, press reports were reporting in the West that up to thirty-two percent (32%) or over three million Zambians were HIV positive. This many Zambians of course, according to HIV-AIDS orthodoxy, were going to die. This included mothers, babies and adults. There were reports that babies of these HIV positive mothers should not even breast feed their babies. Anti-viral drugs are always endorsed in these reports. This is wrong, dangerous, and immoral in the light of some of the existing findings that are hidden from us. For example, many HIV positive people in the United States have lived healthy lives in the past fifteen to twenty years without the use of toxic antiviral drugs. Some of them even are married and have healthy children. I believe Magic Johnson has had two more healthy children with his wife since he was found HIV positive. To find heart-warming stories of individuals who were HIV positive and are now healthy read Maggiore's book and many other stories that you will have to look very hard to find on your own. You will not read or hear about them in the popular media.

8. In reading all this information you might get the distorted impression that most Zambians are leading bad lives with poor morals. There are tens of thousands or even millions of Zambians who leave very good but exciting lives. I know many of them whom I admire. Many of us Zambians who grew up in the era of drinking may have erroneously convinced ourselves that in order to experience real enjoyment we must either drink or have illicit sex or both. I know a close friend and his wife with whom my wife and I spent time together in graduate school. The man does not drink and neither does his wife. At parties he was one of the most memorable crazy dancers and told good jokes although he was always sober. To day he is one of the few Zambians my age who look truly healthy. He is a joy to spend time with. Some of my relatives who are now in their forties, fifties

and sixties are healthy. They were never beer drinkers. Some of them had marital problems and had sex out of marriage now and then in their youth during the earlier part of their marriages. None of these people are saints. But the common denominator seems to be that they never drank beer. But the most heart-warming sight to day is when I see young Zambian men and women who are 16 to 20 years old who look happy, healthy, and innocent. They probably look as healthy as I was when I arrived in Lusaka barely seventeen years old in 1972. My fear is that if the current possible misguided policy of narrowly encouraging just the use of condoms and one sex partner only based on the belief that HIV is the ONLY cause of AIDS continues, we will loose this generation again. My fear is that they will drink heavily, perhaps neglect good hygiene and nutrition, abuse antibiotics, recreation drugs, and antiviral drugs. Then we will wonder ten years from now why this next generation of Zambians is dying of AIDS again. There are already suggestions in some quarters that the younger African women who are about eighteen to twenty-five years old are becoming HIV positive because they are having unprotected sex with some of the older men who might be HIV positive already. These older men may be coercing the young men(Barber, 2002, 63). I have no clue how the same authors will now explain how young men who are eighteen to twenty five years may become HIV positive. May be because they will be having sex without a condom with older women who might be HIV positive. Some of you will remember that the South African mines, Bantu homelands, labor migrations under the diabolical apartheid, introduced some of the most devastating social conditions on South African blacks. There were overcrowded crime-ridden black shanty compounds which were a cesspool of social pathology; unemployment, poverty, crime, squalor massive political conflict, the drinking of illicit brews in shebeens, (remember the novel "Mine Boy" by Peter Abrahams) political detentions, brutal murder through necklacing, poor or lack of medical facilities. But South Africa is also a rich country now. Should anyone be surprised that there is now a serious AIDS epidemic in South Africa that requires massive sales of antiviral drugs? Many black South Africans may have been drinking, suffering and engaging in possible promiscuous sex,

suffering from malnutrition probably for the last thirty to forty years. According to my argument, these conditions may have been the real cause of AIDS in South Africa and not just HIV.

9. Please, circulate this by mail after photocopying and send it to Zambians ONLY. May be for every one Zambian you send it to here in the US, please send a copy or two to Zambians back home. If you find some of the things discussed true or unbelievable, shocking, untrue, disgracing, let me know. But I hope and pray that you will not blindly become defensive and direct anger at me, the messenger. If you have comments, your own experiences to share, objections to what you may see as some untruths in this document, please communicate to me directly about them as clearly as possible. Unlike the HIV-AIDS orthodox view supporters who believe their point of view is sacred and any criticism of it as blasphemous, I am willing to entertain valid criticism. Unfortunately, I cannot send this by e-mail. My address is below.

Yours truly,

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